



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Medical Assistance Program
600 Washington Street
Boston, MA 02111

Medical Assistance Program
Municipally Based Health Services Bulletin 4
May 1996

TO: Municipally Based Health Services Providers Participating in the Medical Assistance Program

FROM: Bruce M. Bullen, Commissioner *BMB*

RE: New Service Codes for Home Assessments and TEAM Meetings

Introduction

Reimbursement rates have been determined for home assessments and TEAM meetings as described in the Chapter 766 Regulations at 130 CMR 429.000, Massachusetts Department of Education Chapter 766 Regulations at 603 CMR 28.00, and Massachusetts General Laws c. 71B.

These rates are effective April 1, 1996 and apply to services provided through October 1, 1996. Billing may be retroactive for a maximum of two years. These rates are subject to future adjustment by the Division.

Definition of Home Assessment

A home assessment is an assessment, with prior written parental consent, of family history and home-situation factors by an authorized professional (social worker, nurse, or counselor). This assessment includes a description of pertinent family history, individual developmental history, and estimates of adaptive behavior at home, in the neighborhood, and in local peer groups. Estimates of adaptive behavior are based to the greatest possible degree on information obtained by direct observation of the child or direct interview of the child in the neighborhood setting.

For the purpose of Medicaid reimbursement, a home assessment must be performed by a minimum of one of the following individuals:

- a social worker who has a master's degree in social work and who is licensed by the Massachusetts Board of Registration of Social Workers as either a certified social worker or an independent clinical social worker;
 - a nurse who is registered by the Massachusetts Board of Registration in Nursing; or
 - a counselor who has a master's degree in counseling education, counseling psychology, or rehabilitation counseling.
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**Definition of
TEAM Meeting**

A TEAM meeting is convened to review evaluation data to determine whether the child requires special education and, if required, to develop an Individual Educational Plan (IEP). Such TEAM meetings must include at least one of (but are not limited to) the following:

- a registered nurse;
- a social worker with a master's degree in social work;
- a certified guidance or adjustment counselor; or
- a psychologist licensed to practice in Massachusetts.

**Federal
Reimbursement**

The federal share of reimbursement for these services will be returned to the city, town, or regional school district in accordance with the Medicaid Provider Agreement. The disbursement of these funds is scheduled during the fourth week of April, July, October, and January.

When the municipally based health care provider claims the federal share of the reimbursement for a home assessment or TEAM meeting, no other provider may bill the Medical Assistance Program for those services.

Retroactivity

Claims for home assessments and TEAM meetings may be submitted retroactively. All claims must be received by Unisys within 24 months of the date of service. Claims received after the 24-month deadline will be denied. Claims for dates of service after October 1, 1996, will be denied.

Service Codes

<i>Service Description</i>	<i>Service Code</i>	<i>Rate</i>	<i>Federal Share</i>	<i>Place of Service</i>	<i>Maximum Units per Year</i>
<i>TEAM Meeting</i>	<i>X7661</i>	<i>\$30.70</i>	<i>\$15.35</i>	<i>01</i>	<i>3 mtgs with 1-3 professionals per recipient per year (max. 9 professional units)</i>
<i>Home Assessment</i>	<i>X7660</i>	<i>\$76.75</i>	<i>\$38.38</i>	<i>02</i>	<i>1 assessment with 1-3 professionals per recipient per year (max. 3 professional units)</i>

Questions

If you have any questions concerning the information in this bulletin, please call the Provider Services Department at Unisys at (617) 628-4141 or 1-800-325-5231, or call the Division's Municipal Medicaid Program at (617) 348-5464.